

# COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter Program Quality	Section Compliance	Chapter 05	Section 04	Subject 01
Subject Compliance	Authorization		Approved: 07/29/14 Replaces: 05/31/05	

Reviewed/No Updates: May 2021; May 2022

- I. **PURPOSE:** To provide a framework that guides Community Mental Health Authority in compliance.
- II. **APPLICATION:** All programs of the Community Mental Health Authority.
- III. **DEFINITIONS:** None
- IV. **POLICY:** Community Mental Health Authority (CMHA) is committed to providing high-quality, cost-effective health care in compliance with all applicable federal, state and local laws and regulations. CMHA depends upon its employees, contractors, agents and volunteers to be aware of and comply with these laws and regulations. To achieve this goal, CMHA shall maintain a Compliance Program as appropriate. While recognizing that CMHA has already adopted certain policies, procedures, and programs intended to increase compliance with all applicable laws and to promote high quality recipient care, by continually adhering to NorthCare’s Compliance Program, CMHA seeks to promote a working environment that fosters and expands these ideals and permits its employees, contractors, agents and volunteers to demonstrate the highest ethical standards in performing their work activities.

CMHA will comply with all regional provisions pertaining to Compliance as directed by NorthCare policies.

- V. **PROCEDURE:**
  - A. CMHA shall dedicate the necessary resources toward continued participation in following compliance processes intended to prevent, detect and correct violations of federal, state and local laws and regulations. To stay up to date on regulatory standards and identify new/changes to state and federal laws and regulations and accreditation standards, the following sources will be utilized (but not limited to):
    - Weekly updates provided by the Health Care Compliance Association
    - MSA Bulletins
    - Medicaid Provider Manual, as updated
    - HCPCS Code Chart, as updated
    - DHHS Provider Qualifications Chart, as updated
    - <http://www.medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html>
    - Staff participation in any state-wide meetings/conferences/etc.

Updated information will be shared with applicable staff and tracked via the Compliance Tracking of Applicable Laws-Regs spreadsheet.

**B. CMHA will:**

1. Establish standards of conduct that are to be followed by employees, contractors, agents, and volunteers that are reasonably capable of reducing the prospect of wrongful conduct.
2. Appoint a Compliance Liaison who will be a senior level employee vested with the responsibility as delegated for monitoring and reporting on matters pertaining to compliance. The Compliance Liaison will report to the Chief Executive Officer.
3. Establish a system that allows for the free and full communication by employees, contractors, agents, and volunteers of questions, complaints or concerns relating to actual or potential non-compliance with established standards.
4. Develop and implement procedures to effectively communicate compliance policies and procedures, including mandatory participation in training and education programs.
5. Develop and implement systems for auditing and monitoring compliance with applicable federal, state, and local laws and regulations. These systems shall be designed to reasonably detect potential violations of those laws and regulations.
6. Follow established agency policy/procedure regarding the implementation of appropriate disciplinary mechanisms for wrongful conduct, or for failure to detect or report non-compliance.
7. Develop and implement mechanisms for responding to and investigating all reasonable questions, concerns, or complaints regarding compliance and suspected non-compliance and for taking necessary corrective action to address wrongful conduct and to prevent recurrence of similar conduct.

**VI. REFERENCES AND LEGAL AUTHORITY:** Medicaid False Claim Act - Act 72 of 1977; State of Michigan Enacted Medicaid False Claim Act 272 of 1977; Whistleblowers' Protection Act - Act 469 of 1980; CARF Behavioral Health Standards; NorthCare Network's Compliance Policies

**VII. EXHIBITS:** Ethics/Compliance Brochure; CMH Compliance Plan; Compliance Attestation